

TOEL1=DISAB

TOEL2=CDRMISC

SSN: \_\_\_\_\_

## **SECTION 301 CASE**

**ATTENTION: DISABILITY EXAMINER**

**ODO (PC 7) UNIT: \_\_\_\_\_**

**1500 Woodlawn Drive, Baltimore, MD 21241**

**Priority Workload - DO NOT BACKLOG**

**TYPE OF CLAIM:**

- ☐ Title II Only Claim
- ☐ Title XVI Only Claim
- ☐ Concurrent Title II/Title XVI Claims

**Continued Payment Determination Needed**

**Please process per DI 14510.015 - .025**

**Note: for CEF cases – SSA-4290 faxed into eView**

**FO Code: \_\_\_\_\_ FO Contact: \_\_\_\_\_**

**FO Phone: \_\_\_\_\_ FO Fax: \_\_\_\_\_**